

OIP E-UNIT
FEB 12 2002
PATENT & TRADEMARK OFFICE

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Docket No.
J6662(C)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

201

FULL NAME OF INVENTOR	FAMILY NAME HUA	FIRST GIVEN NAME XI	SECOND GIVEN NAME YUAN
RESIDENCE AND CITIZENSHIP	CITY PEEKSKILL	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS 33 MACKELLAR COURT	CITY PEEKSKILL	STATE & ZIP CODE/COUNTRY NEW YORK 10566

202

FULL NAME OF INVENTOR	FAMILY NAME VAN GORKOM	FIRST GIVEN NAME LEONARD	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY ENGLEWOOD	STATE OR FOREIGN COUNTRY NEW JERSEY	COUNTRY OF CITIZENSHIP THE NETHERLANDS
POST OFFICE ADDRESS	POST OFFICE ADDRESS 303 MARLBORO ROAD	CITY ENGLEWOOD	STATE & ZIP CODE/COUNTRY NEW JERSEY 07631


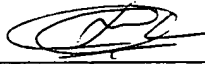
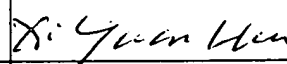
203

FULL NAME OF INVENTOR	FAMILY NAME ARONSON	FIRST GIVEN NAME MICHAEL	SECOND GIVEN NAME PAUL
RESIDENCE & CITIZENSHIP	CITY WEST NYACK	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS 2 MANDARIN LANE	CITY WEST NYACK	STATE & ZIP CODE/COUNTRY NEW YORK 10994

204

FULL NAME OF INVENTOR	FAMILY NAME ZHU (DECEASED)	FIRST GIVEN NAME ZHENHE	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY PEEKSKILL	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP THE UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS 33 MACKELLAR COURT	CITY PEEKSKILL	STATE & ZIP CODE/COUNTRY NEW YORK 10566

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203	SIGNATURE OF INVENTOR 204
			
DATE Jan 31, 2002	DATE Jan 29, 2002	DATE	DATE Jan 31, 2002

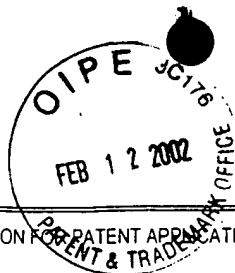
*Xi Yuan Hua is wife of
Deceased inventor Zhenhe
Zhu. Death Certificate
is attached.

A circular stamp from the Office of Intellectual Property (OIP). The text "OIP" is at the top, "FEB 12 2002" is in the center, and "PATENT & TRADEMARK OFFICE" is at the bottom. The number "50176" is visible in the top right corner of the stamp.

REGISTRAR/DEPUTY REGISTRAR
OF VITAL STATISTICS

**COPY OF PAPERS
ORIGINALLY FILED**

REG-10 ALJ22 00 New Jersey Department of Health and Senior Services CERTIFICATE OF DEATH										STATE USE ONLY									
1. NAME OF DECEASED Zhen He Kim										2. SEX M									
3. DATE OF BIRTH 6-17-01										4. AGE 69									
5. PLACE OF BIRTH China										6. RACE Chinese									
7. SOCIAL SECURITY 094-70-5332										8. MARRIAGE STATUS NEVER MARRIED									
9. PLACE OF DEATH University Hospital										10. CITY AND COUNTY Newark Essex									
11. ADDRESS 53 Mackellar Court										12. CITY AND COUNTY Peekskill New York									
13. OCCUPATION Senior Research Chemist										14. INDUSTRY Chemical									
15. NAME OF PHYSICIAN Richard Schlock										16. SIGNATURE OF PHYSICIAN Richard Schlock									
17. NAME OF DECEASED Mrs. Xi Yuan Zhu										18. RELATIONSHIP Wife									
19. PLACE OF BIRTH Hillside Cemetery										20. CITY AND COUNTY Peekskill New York									
21. NAME OF PHYSICIAN James L. Hagan										22. SIGNATURE OF PHYSICIAN James L. Hagan									
23. NAME OF DECEASED Antonio C. Hagan										24. RELATIONSHIP Son									
25. PLACE OF BIRTH Peekskill New York										26. CITY AND COUNTY Peekskill New York									
27. NAME OF PHYSICIAN James L. Hagan										28. SIGNATURE OF PHYSICIAN James L. Hagan									
29. NAME OF DECEASED Antonio C. Hagan										30. RELATIONSHIP Son									
31. PLACE OF BIRTH Peekskill New York										32. CITY AND COUNTY Peekskill New York									
33. NAME OF PHYSICIAN James L. Hagan										34. SIGNATURE OF PHYSICIAN James L. Hagan									
35. NAME OF DECEASED Antonio C. Hagan										36. RELATIONSHIP Son									
37. PLACE OF BIRTH Peekskill New York										38. CITY AND COUNTY Peekskill New York									
39. NAME OF PHYSICIAN James L. Hagan										40. SIGNATURE OF PHYSICIAN James L. Hagan									
41. NAME OF DECEASED Antonio C. Hagan										42. RELATIONSHIP Son									
43. PLACE OF BIRTH Peekskill New York										44. CITY AND COUNTY Peekskill New York									
45. NAME OF PHYSICIAN James L. Hagan										46. SIGNATURE OF PHYSICIAN James L. Hagan									
47. NAME OF DECEASED Antonio C. Hagan										48. RELATIONSHIP Son									
49. PLACE OF BIRTH Peekskill New York										50. CITY AND COUNTY Peekskill New York									
51. NAME OF PHYSICIAN James L. Hagan										52. SIGNATURE OF PHYSICIAN James L. Hagan									
53. NAME OF DECEASED Antonio C. Hagan										54. RELATIONSHIP Son									
55. PLACE OF BIRTH Peekskill New York										56. CITY AND COUNTY Peekskill New York									
57. NAME OF PHYSICIAN James L. Hagan										58. SIGNATURE OF PHYSICIAN James L. Hagan									
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65. NAME OF DECEASED Antonio C. Hagan										66. RELATIONSHIP Son									
67. PLACE OF BIRTH Peekskill New York										68. CITY AND COUNTY Peekskill New York									
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71. NAME OF DECEASED Antonio C. Hagan										72. RELATIONSHIP Son									
73. PLACE OF BIRTH Peekskill New York										74. CITY AND COUNTY Peekskill New York									
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77. NAME OF DECEASED Antonio C. Hagan										78. RELATIONSHIP Son									
79. PLACE OF BIRTH Peekskill New York										80. CITY AND COUNTY Peekskill New York									
81. NAME OF PHYSICIAN James L. Hagan										82. SIGNATURE OF PHYSICIAN James L. Hagan									
83. NAME OF DECEASED Antonio C. Hagan										84. RELATIONSHIP Son									
85. PLACE OF BIRTH Peekskill New York										86. CITY AND COUNTY Peekskill New York									
87. NAME OF PHYSICIAN James L. Hagan										88. SIGNATURE OF PHYSICIAN James L. Hagan									
89. NAME OF DECEASED Antonio C. Hagan										90. RELATIONSHIP Son									
91. PLACE OF BIRTH Peekskill New York										92. CITY AND COUNTY Peekskill New York									
93. NAME OF PHYSICIAN James L. Hagan										94. SIGNATURE OF PHYSICIAN James L. Hagan									
95. NAME OF DECEASED Antonio C. Hagan										96. RELATIONSHIP Son									
97. PLACE OF BIRTH Peekskill New York										98. CITY AND COUNTY Peekskill New York									
99. NAME OF PHYSICIAN James L. Hagan										100. SIGNATURE OF PHYSICIAN James L. Hagan									
101. NAME OF DECEASED Antonio C. Hagan										102. RELATIONSHIP Son									
103. PLACE OF BIRTH Peekskill New York										104. CITY AND COUNTY Peekskill New York									
105. NAME OF PHYSICIAN James L. Hagan										106. SIGNATURE OF PHYSICIAN James L. Hagan									
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109. PLACE OF BIRTH Peekskill New York										110. CITY AND COUNTY Peekskill New York									
111. NAME OF PHYSICIAN James L. Hagan										112. SIGNATURE OF PHYSICIAN James L. Hagan									
113. NAME OF DECEASED Antonio C. Hagan										114. RELATIONSHIP Son									
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117. NAME OF PHYSICIAN James L. Hagan										118. SIGNATURE OF PHYSICIAN James L. Hagan									
119. NAME OF DECEASED Antonio C. Hagan										120. RELATIONSHIP Son									
121. PLACE OF BIRTH Peekskill New York										122. CITY AND COUNTY Peekskill New York									
123. NAME OF PHYSICIAN James L. Hagan										124. SIGNATURE OF PHYSICIAN James L. Hagan									
125. NAME OF DECEASED Antonio C. Hagan										126. RELATIONSHIP Son									
127. PLACE OF BIRTH Peekskill New York										128. CITY AND COUNTY Peekskill New York									
129. NAME OF PHYSICIAN James L. Hagan										130. SIGNATURE OF PHYSICIAN James L. Hagan									
131. NAME OF DECEASED Antonio C. Hagan										132. RELATIONSHIP Son									
133. PLACE OF BIRTH Peekskill New York										134. CITY AND COUNTY Peekskill New York									
135. NAME OF PHYSICIAN James L. Hagan										136. SIGNATURE OF PHYSICIAN James L. Hagan									
137. NAME OF DECEASED Antonio C. Hagan										138. RELATIONSHIP Son									
139. PLACE OF BIRTH Peekskill New York										140. CITY									



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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)			Attorney Docket No. J6662(C)
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;"><u>MICROEMULSION FACIAL WASHES COMPRISING SPECIFIC OILS</u></p> <p>the specification of which (check only one item below):</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed as United States application Serial No. 09/ _____ on _____ and was amended on _____ (if applicable)</p> <p><input type="checkbox"/> was filed as PCT international application _____ on _____ and was amended under PCT Article 19 on _____ (if applicable)</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:</p>			
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATIONS		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		



COPY OF PATENTS
ORIGINALLY FILED

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)	Case No.: J6662(C)
--	--------------------

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

201

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	HUA	XI	YUAN
RESIDENCE AND CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	PEEKSKILL	NEW YORK	UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	33 MACKELLAR COURT	PEEKSKILL	NEW YORK 10566

202

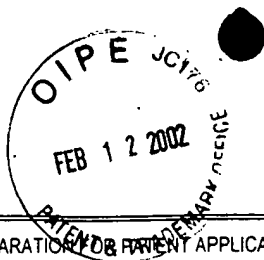
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	VAN GORKOM	LEON	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	ENGLEWOOD	NEW JERSEY	THE NETHERLANDS
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	303 MARLBORO ROAD	ENGLEWOOD	NEW JERSEY 07631

203

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	ARONSON	MICHAEL	PAUL
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	WEST NYACK	NEW YORK	UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	2 MANDARIN LANE	WEST NYACK	NEW YORK 10994

204

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	ZHU	ZHENHE	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	PEEKSKILL	NEW YORK	UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	33 MACKELLAR COURT	PEEKSKILL	NEW YORK 10566



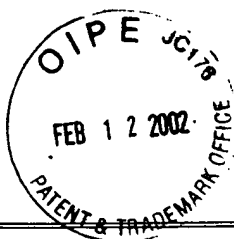
COPY OF PATENT
ORIGINALLY FILED

COMBINED DECLARATION OF INVENTOR AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)	Case No.: J6662(C)
---	--------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR XI YUAN HUA	201	SIGNATURE OF INVENTOR LEON VAN GORKOM	202
DATE		DATE	

SIGNATURE OF INVENTOR MICHAEL PAUL ARONSON <i>Michael Paul Aronson</i> 6/13/01	203	SIGNATURE OF INVENTOR ZHENHE ZHU	204
DATE		DATE	



COPY OF PAPERS
ORIGINALLY FILED

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)	Attorney Docket No. J6662(C)
--	---------------------------------

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROEMULSION FACIAL WASHES COMPRISING SPECIFIC OILS

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application Serial No. 09/884,388 on June 19, 2001 and was amended on _____ (if applicable)

☐ was filed as PCT international application _____ on _____ and was amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above:

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

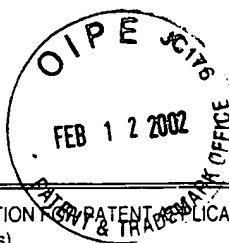
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATIONS		STATUS (CHECK ONE)			
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	

PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Docket No.
J6662(C)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

201

FULL NAME OF INVENTOR	FAMILY NAME HUA	FIRST GIVEN NAME XI	SECOND GIVEN NAME YUAN
RESIDENCE AND CITIZENSHIP	CITY PEEKSKILL	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS 33 MACKELLAR COURT	CITY PEEKSKILL	STATE & ZIP CODE/COUNTRY NEW YORK 10566

202

FULL NAME OF INVENTOR	FAMILY NAME VAN GORKOM	FIRST GIVEN NAME LEONARD	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY ENGLEWOOD	STATE OR FOREIGN COUNTRY NEW JERSEY	COUNTRY OF CITIZENSHIP THE NETHERLANDS
POST OFFICE ADDRESS	POST OFFICE ADDRESS 303 MARLBORO ROAD	CITY ENGLEWOOD	STATE & ZIP CODE/COUNTRY NEW JERSEY 07631

203

FULL NAME OF INVENTOR	FAMILY NAME ARONSON	FIRST GIVEN NAME MICHAEL	SECOND GIVEN NAME PAUL
RESIDENCE & CITIZENSHIP	CITY WEST NYACK	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS 2 MANDARIN LANE	CITY WEST NYACK	STATE & ZIP CODE/COUNTRY NEW YORK 10994

204

FULL NAME OF INVENTOR	FAMILY NAME ZHU (DECEASED)	FIRST GIVEN NAME ZHENHE	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY PEEKSKILL	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP THE UNITED STATES
POST OFFICE ADDRESS	POST OFFICE ADDRESS 33 MACKELLAR COURT	CITY PEEKSKILL	STATE & ZIP CODE/COUNTRY NEW YORK 10566

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>Xi Yuan Hua</i>	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203	SIGNATURE OF INVENTOR 204 <i>Xi Yuan Hua</i>
DATE Jan 31, 2002	DATE Jan 29, 2002	DATE	DATE Jan 31, 2002

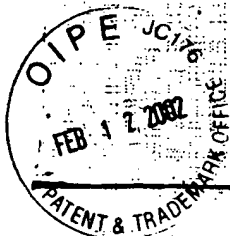
*Xi Yuan Hua is wife of
Deceased inventor Zhenhe
Zhu. Death Certificate
is attached.

DATE ISSUED

COUNTY OF HUDSON
OFFICE OF THE COUNTY CLERK
BUREAU OF VITAL STATISTICS
599 NEWARK AVENUE
JERSEY CITY, NJ 07306
TEL: 201-795-6040
FAX: 201-217-5329

REGISTRAR/DEPUTY REGISTRAR
OF VITAL STATISTICS

COPY OF PAPERS
ORIGINALLY FILED



REG-10
AUG 88

New Jersey Department of Health and Senior Services

CERTIFICATE OF DEATH

STATE USE ONLY									
<p>1. NAME OF DECEASED Zhen He Zhu</p> <p>2. DATE OF DEATH 6-17-01</p> <p>3. SEX M</p> <p>4. DATE OF BIRTH 10-13-1937</p> <p>5. AGE 63</p> <p>6. UNDER 1 DAY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>7. DEATH SITE 094-70-5332</p> <p>8. PLACE OF DEATH HOSPITAL <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>9. FACILITY NAME University Hospital</p> <p>10. CITY Newark</p> <p>11. COUNTY Essex</p> <p>12. ZIP CODE 10566</p> <p>13. MARRIAGE STATUS NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/></p> <p>14. TYPE OF BUSINESS OR INDUSTRY Chemical</p> <p>15. NAME AND ADDRESS OF EMPLOYER Unilever Research U.S., Edgewater, New Jersey</p> <p>16. RACE CHINESE</p> <p>17. ETHNIC ORIGIN CHINESE</p> <p>18. EDUCATION College</p> <p>19. MARRIAGE STATUS NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/></p> <p>20. NAME OF CERTIFYING PHYSICIAN Mrs. Xi Yuan Zhu</p> <p>21. NAME OF CERTIFYING PHYSICIAN Wife</p> <p>22. NAME OF CERTIFYING PHYSICIAN Hillside Cemetery</p> <p>23. NAME OF CERTIFYING PHYSICIAN Corlandt Manor</p> <p>24. NAME OF CERTIFYING PHYSICIAN N.Y.</p> <p>25. NAME OF CERTIFYING PHYSICIAN 10566</p> <p>26. NAME OF CERTIFYING PHYSICIAN Dorsey-Carlone Funeral Home</p> <p>27. NAME OF CERTIFYING PHYSICIAN Corpor Corlandt and James Streets, Peckskill, N.Y.</p> <p>28. NAME OF CERTIFYING PHYSICIAN Antonio Lombardi</p> <p>29. NAME OF CERTIFYING PHYSICIAN 4-3238</p> <p>30. NAME OF CERTIFYING PHYSICIAN 6-19-01</p> <p>31. NAME OF CERTIFYING PHYSICIAN 12:01 A.M.</p> <p>32. NAME OF CERTIFYING PHYSICIAN 6-17-01</p> <p>33. NAME OF CERTIFYING PHYSICIAN 31 Days</p> <p>34. NAME OF CERTIFYING PHYSICIAN Richard S. Lombardi</p> <p>35. NAME OF CERTIFYING PHYSICIAN 90 Bergen St. Newark</p> <p>36. NAME OF CERTIFYING PHYSICIAN 6-17-01</p>									

COUNTY OF HUDSON

MUNICIPALITY OF JERSEY CITY

CAUSE

PLACE OF ACC.

CROSS CLASS.

TIME

DATE

TIME

DATE

TIME

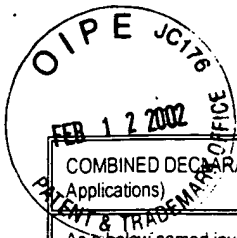
DATE

TIME

DATE

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DATE



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney Docket No.
J6662(C)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROEMULSION FACIAL WASHES COMPRISING SPECIFIC OILS

the specification of which (check only one item below):

☒ is attached hereto.☐ was filed as United States application Serial No. 09/ _____ on _____ and was amended on _____ (if applicable)☐ was filed as PCT international application _____ on _____ and was amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

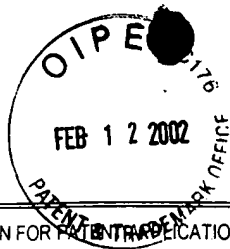
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATIONS		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		



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Case No.: J6662(C)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

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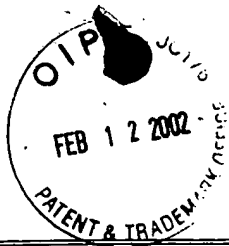
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Case No.: J6662(C)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR XI YUAN HUA	201	SIGNATURE OF INVENTOR LEON VAN GORKOM	202
DATE		DATE	

SIGNATURE OF INVENTOR MICHAEL PAUL ARONSON <i>Michael Paul Aronson</i> 6/13/01	203	SIGNATURE OF INVENTOR ZHENHE ZHU	204
DATE		DATE	